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**RECAP**

Association of Tuberculosis Clinics  
of the City of New York.

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A Standard Tuberculosis Clinic

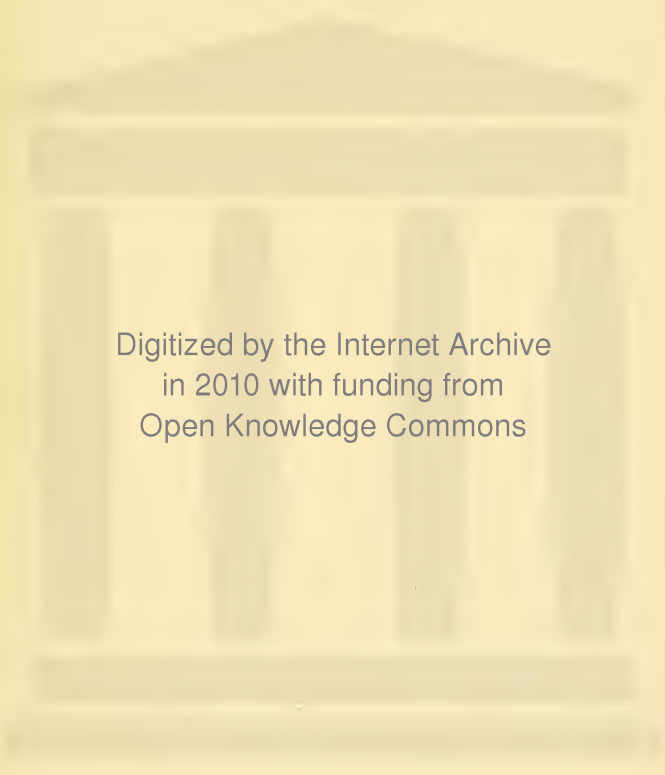
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# A Standard Tuberculosis Clinic

Issued by  
The Association of Tuberculosis Clinics  
of the City of New York  
105 East 22nd Street

[1511]

RE 309.N48  
as 7

## A Standard Tuberculosis Clinic

IN order to co-ordinate and standardize the work of the various tuberculosis clinics in New York, in January, 1908, these clinics at that time nine in number, were organized to form an Association of Tuberculosis Clinics. To-day the Association includes twenty-two such clinics in its membership, six under the immediate control of the Department of Health, three maintained by city hospitals and thirteen connected with private institutions.

A certain area of the city is allotted to each clinic which assumes the responsibility for the treatment and home supervision of the cases living within its particular district. All cases applying for treatment to the clinics outside of their district are referred back to the clinic of the district of residence. The Association confines its activities to the Boroughs of Manhattan, Bronx and Richmond. More recently the Brooklyn tuberculosis clinics have also organized along similar lines.

The following recommendations concerning the conduct of clinics for the exclusive treatment of tuberculosis have been formulated by the Association of Tuberculosis Clinics of New York City, and are based upon the results of a year's careful intensive study of the work of the clinics belonging to the Association.

These recommendations have been grouped under appropriate heads, and have to do with the general policy of administration, the work of the nurses, the keeping of records, clinic facilities and clinic hygiene.

An attempt has been made to fix a minimum working standard to which tuberculosis clinics should conform in order to accomplish their work with the greatest expedition and with the

least possible danger of infection to physicians and nurses or patients applying for examination who may not be tuberculous.

It is hoped that these recommendations may be helpful to clinics that may hereafter be established as well as to clinics already in operation.

Floor plans of clinics showing a separate building devoted exclusively to tuberculosis patients are appended, also sample signs and record cards used in the Department of Health Clinics and several private clinics and recommended by the Association for all clinics included in its membership.

## GENERAL POLICY OF ADMINISTRATION.

The following conditions are necessary for admission to membership in the Association of Tuberculosis Clinics and should be considered as fundamental requisites for all special tuberculosis clinics.

- a. All tuberculosis cases must be segregated from other dispensary patients and treated in a separate class.
- b. A graduate nurse must be assigned to this class for the purpose of maintaining supervision over the homes of these tuberculosis cases.
- c. The work of the class for new cases must be limited to the particular district assigned to it.

Each clinic should arrange for a physician to visit and treat in their homes those cases who are too ill to attend the clinic and for whom hospital care cannot be provided.

Special provision should be made for the treatment of children by the establishment of children's clinics wherever the size of the clinic would seem to warrant it.

"Special class" work should be introduced into all large clinics by classifying patients and treating them in separate small groups.



The sputum of every clinic case should be re-examined once a month.

All cases should be re-examined at least once a month and the result entered on the records.

The physicians should use the nurse's report of home conditions as a basis for advising patients.

Any patient refusing for any reason to attend his or her proper dispensary, who is not under the care of a private physician, should be considered a delinquent case. Such cases absenting themselves for one month from their clinic should be discharged as "delinquent" cases and reported to the Department of Health.

Clinics connected with general hospitals should endeavor to secure a few beds therein for the use of clinic patients in emergencies or while being held under observation for diagnosis, e. g., during the administration of the tuberculin test.

## NURSES.

All supervising nurses should be affiliated with some local relief organization in order to better organize the relief work of the clinic.

All nurses engaged for work in tuberculosis clinics should have had training in social work. There are Schools of Philanthropy for the training of social workers throughout the country, having special courses, which are highly desirable for nurses wishing to take up tuberculosis work.

If nurses are employed who are without training in social work, it is advisable that during the first month of their employment by the clinic, they should give a certain portion of their time to the work of one of the recognized large relief societies.

Previous experience in tuberculosis work, while not essential, is a distinct advantage.

The home of every patient should be visited at least once a month.

A clerk should be provided in those clinics where the clerical work of the nurses interferes with their more specific duties.

## RECORDS.

Where two or more clinics are established in a given locality a uniform system of record keeping and record filing should be adopted.

The classification of the National Association for the Study and Prevention of Tuberculosis should be employed for recording the stage of disease and condition on discharge.

A record of the condition on discharge should be kept for all patients.

A uniform system of record keeping should be used by nurses in order to facilitate the compiling of monthly reports.

## CLINIC FACILITIES.

Space:

When a tuberculosis clinic does not occupy a special building used for no other purpose it should be separated as far as possible from the other parts of the dispensary.

The tuberculosis clinic proper should have not less than three rooms, one for interviewing and two for examining patients, one for men and one for women.

In case the clinic room or rooms are not available outside of clinic hours, another room should be available for private conferences between the social worker or nurse and those patients requiring relief.

In connection with the clinic there should be separate closets, one for physicians' and nurses' coats and one for the gowns worn by physicians and nurses and for the necessary clinical supplies.

Equipment:

The interviewing room should contain a sink with hot and

cold water, at least two desks or tables, (one for the physician and one for the nurse), a filing cabinet for records, scales, extra chairs or benches for use of patients while waiting to have temperature and pulse taken, a suitable receptacle for soiled gauze or paper handkerchiefs, a metal screen and a map showing the various clinic districts.

Where a special room is not available for the examination and treatment of throats, a screened-off portion of the interviewing room should be fully equipped for this purpose. The use of the interviewing room, where both men and women are received, is recommended rather than either one of the examining rooms where patients may be disrobed and awaiting examination, in which case the room would not be available for patients of the opposite sex.

Each examining room should contain an examination table, chairs, metal screens and sink with hot and cold water.

#### Staff:

The number of physicians in attendance should be sufficient to allow at least 15 minutes for the examination of every new case exclusive of the time given to history taking, and at least six minutes to the examination of every old case. The payment of salaries to physicians will aid materially in securing and keeping desirable men for tuberculosis clinic work.

There should be at least one nurse for every 100 patients on the clinic register.

### CLINIC HYGIENE.

Tuberculosis cases while awaiting admission to the clinic rooms should be separated from the other dispensary patients, either in a separate waiting room or in a separate portion of the general waiting room.

In all waiting rooms for tuberculosis patients, large signs in several languages should be displayed, giving detailed information as to caring for the sputum.

Sputum cups or a proper substitute therêfor should be furnished by each clinic to patients to take home.

Either paper or gauze handkerchiefs should be given by the Registrar or Clerk to each patient at the time of his admission for use at the clinic.

Suitable receptacles should be provided in the waiting room and in each clinic room for soiled paper or gauze handkerchiefs.

No cuspidors should be used.

Sanitary drinking fountains or sanitary paper drinking cups should be provided for the use of tuberculosis patients.

Furniture, as well as floors, should be washed daily.

Gowns with sleeves should be worn by physicians while on duty in the clinic rooms.

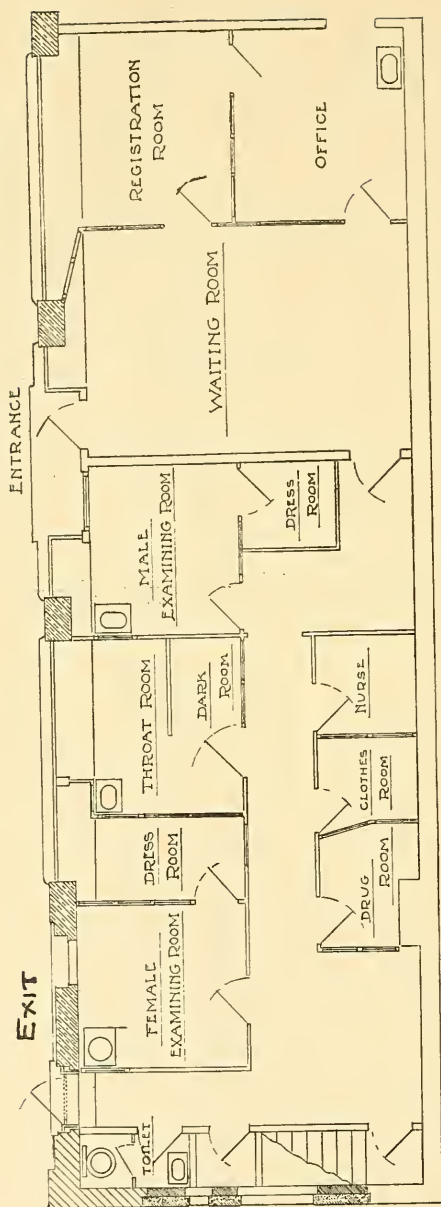
Nurses should wear either gowns with sleeves or washable uniforms while on duty in the clinic rooms.

Patients' mouths should be covered during the time they are being examined by the physicians.

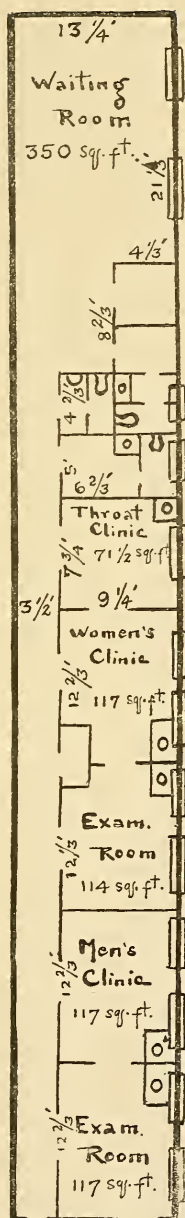
Capes of washable material should be provided for each patient while disrobed and awaiting examination.



## Floor Plans and Sign



FLOOR PLAN OF A HEALTH DEPARTMENT TUBERCULOSIS CLINIC.



FLOOR PLAN OF GERMAN HOSPITAL TUBERCULOSIS CLINIC.

**When You Cough, Hold the Paper Handkerchief given you before  
Your Mouth, use it also for wiping your Mouth or Nose after  
Spitting or Sneezing. Do not spit on the floor or in anything  
except the paper handkerchief, which is then to be put in the  
Paper Bag and not used again. Men are forbidden to smoke or  
wear their Hats while in the clinic.**

ENGLISH TEXT OF SIGN DISPLAYED IN HEALTH DEPARTMENT CLINICS

(Reproduced in Italian, German and Yiddish on same sign.)



## Sample Records and Reports

NAME <i>Doc, John</i>		DATE <b>JUN 8, 1911</b>		CLINIC <i>West Side</i>	
AGE <b>26</b>				No. <b>2320</b> YR. <b>11</b>	
DIAGNOSIS <i>Pulm. Tbc.</i>		REFERRED BY <i>Dr. Brown</i>		BOROUGH <i>Manhattan</i>	
DATE <i>6/15/11</i>		ADDRESS <i>150 W. 36</i>		EXAM. BY <i>Dr. M. Jones</i>	
STREET <i>W 36</i>		NUMBER <i>260</i>		Name FLOOR <i>2</i> M. D.	
SEX <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female		MARRITAL STATE <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed		CARE OF <i>Black</i>	
OCCUPATION <i>Tailor</i>		FORMERLY <i>Same</i>		NATIVITY <i>U.S.</i> OF FATHER <i>Ger.</i> OF MOTHER <i>Ger.</i> RELIGION <i>Prot.</i>	
FAMILY HISTORY: <i>Father died Tbc. when patient was 5 yrs. old.</i>		COLOR <input checked="" type="checkbox"/> White <input type="checkbox"/> Black		IN N.Y. CITY <i>10 yrs.</i> A CITIZEN <input checked="" type="checkbox"/>	
PREVIOUS HISTORY: <i>(BOTTLE) FED-MEASLES-SCARLET FEVER-WHOOPING COUGH-<del>EMPHYSEMA</del>-TYPHOID-MALARIA-RHEUMATISM</i>		WORKING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Yes <input type="checkbox"/> No	
OTHER DISEASES OR OPERATIONS <i>None</i>		PNEUMONIA- <del>PLEURISY</del> -INFLUENZA-VENEREAL-BONES-JOINTS-GLANDS- <del>ASTHMA</del> - <del>ANEMIA</del>			
ALCOHOL <input checked="" type="checkbox"/> To Excess-Mod.-None		TOBACCO <input checked="" type="checkbox"/> Excess-Mod.-None		EXPOSURE TO INFECTION <i>As a child</i>	
PREVIOUS TREATMENT: <i>SANATORIUM</i>		PRIV. PHYS. <i>Yes. 3 mos.</i>		CLINIC <i>None</i>	
PRESENT SYMPTOMS AND DURATION <i>Has had cough and expectoration since the illness with influenza</i>		CHARACTER <input checked="" type="checkbox"/> In A.M. <input checked="" type="checkbox"/> In P.M.		HAEMOPTYSIS <i>One</i> WHEN YESTERDAY <i>Yt</i>	
COUGH <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EXPECTORATION <input checked="" type="checkbox"/> Copious-Mod.-Scanty-None		THICK-WATERY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PAIN <i>R. Chest</i>		CHILLS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		FEVER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
OEDEMA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		MENSTRUATION		LOSS OF FLESH <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
DIGESTION <i>Good</i>		APPETITE <i>Diminished</i>		DYSPNOEA <i>On exertion</i> HOARSENESS <i>Occasional</i>	
MOVEMENTS <i>normal</i>		BOWELS <i>Normal daily</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

104 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK—TUBERCULOSIS—CLINIC HISTORY

1921, '10, 25,000 (P)

CLINICAL HISTORY CARD.

(Reduced—Actual size 5 by 8 inches.)

PHYSICAL EXAMINATION: TEMPERATURE

A.M.—P.M.

✓ 101 of PULSE 112

RESP 26

HEIGHT 5.10

WEIGHT 130

152

Present—One Year Ago

GENERAL APPEARANCE Some emaciation Some Long, contracted. PUPILS Slightly unequal

SKIN Dry

GLANDS None felt

FINGERS Convex nails SCARS None

JOINTS Negative

NOSE Slight obstruction

THROAT Congested

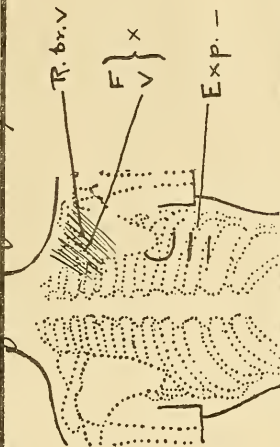
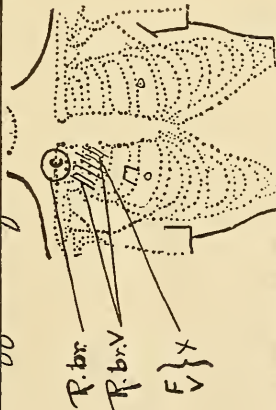
TEETH Fair 2 carious

HEART Normal position

ARTERIES No Sclerosis Dim

OTHER ORGANS Negative

LUNGS Diffuse infiltration R. upper lobe, with softening ab apex.



SPUTUM Num. bacilli S. anaemia Urine Indicanuricis TUBERCULIN TEST Von Pirquet Positive

ADMITTED TO Otisville

DATE, DISCHARGED

DATE 9/19/11

REASON Expiration of time

BEHAVIOR Excellent

CONDITION ON DISCHARGE Much improved

To return to Clinic

REVERSE SIDE OF CLINICAL HISTORY CARD.

(Reduced—Actual size 5 by 8 inches.)

NAME *Doe, John*

AGE 26

111

DATE

Jun. 8, 1911

CLINIC *Wash Side*

NO 2320

YR. 11

BOROUGH

DIAGNOSIS TENTATIVE *Atrophic Rhinitis* FINAL

CLASS

EXAM BY *C. Green*

M. D.

HISTORY: ODYNPHAGIA ☒ Yes—No ☒ No  
 RAWNESS ☒ Yes—No ☒ No  
 DYSPHONIA ☒ Yes—No ☒ No  
 DYSPNOEA *Slight*  
 OTHER SYMPTOMS: DYSPHAGIA, ETC. *None*  
 PREVIOUS TREATMENT AND OPERATIONS *None*  
 DEAFNESS: RIGHT ☒ Yes—No ☒ No LEFT ☒ Yes—No ☒ No  
 EXAMINATION NASAL CHAMBERS RIGHT *Inf. turb. cong.* LEFT *Normal*  
 SEPTUM *Dev. & R.* ACCESSORY SINUSES *Negative* CHOANAE  
 ORO-PHARYNX. MUCOUS MEMBRANE *Congested* NASO-PHARYNX: MUCOUS MEMBRANE *Red. Dry*  
 FAUCIAL TONSILS *Sl. enlarged* EUSTACHIAN TUBE *Negative* LINGUAL TONSIL *Negative* UVULA AND SOFT PALATE  
 LARYNX AND TRACHEA MUCOUS MEMBRANE *Negative* EPIGLOTTIS *Normal*  
 ARY-EPIGLOT FOLD *Negative* INTER ARYT *Negative*  
 VENT BANDS *Sl. Congested* VOCAL CORDS *Normal* Right *Normal* Left  
 ARYT *Normal* Right *Normal* Left *Normal*

OTHER SYMPTOMS: DYSPHAGIA, ETC. *None*

PREVIOUS TREATMENT AND OPERATIONS *None*

DEAFNESS: RIGHT ☒ Yes—No ☒ No LEFT ☒ Yes—No ☒ No

EXAMINATION NASAL CHAMBERS RIGHT *Inf. turb. cong.* LEFT *Normal*

SEPTUM *Dev. & R.* ACCESSORY SINUSES *Negative* CHOANAE

ORO-PHARYNX. MUCOUS MEMBRANE *Congested* NASO-PHARYNX: MUCOUS MEMBRANE *Red. Dry*

FAUCIAL TONSILS *Sl. enlarged* EUSTACHIAN TUBE *Negative* LINGUAL TONSIL *Negative* UVULA AND SOFT PALATE

LARYNX AND TRACHEA MUCOUS MEMBRANE *Negative* EPIGLOTTIS *Normal*

ARY-EPIGLOT FOLD *Negative* INTER ARYT *Negative*

VENT BANDS *Sl. Congested* VOCAL CORDS *Normal* Right *Normal* Left

ARYT *Normal* Right *Normal* Left *Normal*

99 L—1910 DEPARTMENT OF HEALTH, CITY OF NEW YORK TUBERCULOSIS CLINIC THROAT 2854, '10, 10.000 (M)

NOSE AND THROAT CARD.

(Reduced—Actual size 5 by 8 inches.)

[illegible]

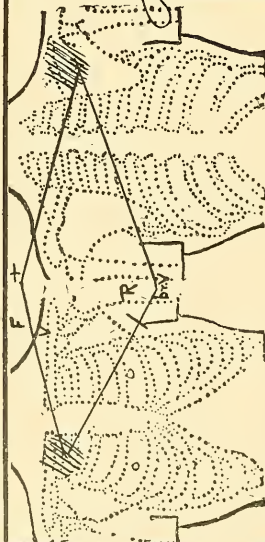
REVERSE SIDE OF NOSE AND THROAT CARD.  
(Reduced—Actual size 5 by 8 inches.)

NAME *Doc. John*

AGE 26

Jun. 8 1911

CLINIC West Side  
No. 2320-11  
BOROUGH Manhattan



DATE

9/21/11

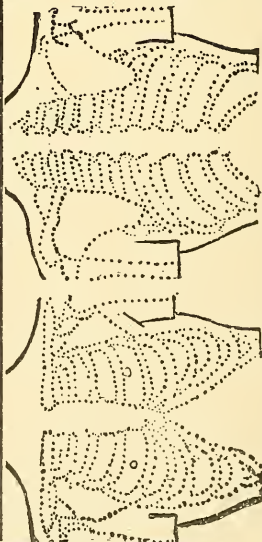
EXAMINER

*Jones*

DATE

EXAMINER

LESION



DATE

EXAMINER

DATE

EXAMINER

LESION

211 L-1911

DEPARTMENT OF HEALTH—THE CITY OF NEW YORK—TUBERCULOSIS CLINIC DIAGRAM

21-594, '11, 15,000 (P)

DIAGRAM CARD FOR RECORDING SUBSEQUENT EXAMINATIONS.  
(Reduced—Actual size 5 by 8 inches.)



NAME *Doc, John*

CLINIC *West Side*

NO. *2320*

YR. *11*

BOROUGH *Manhattan*

AGE *26*

DATE	WEIGHT	TEMPERATURE		PULSE	RESP.	TREATMENT	DIET	REMARKS	EXAMINER
		A M.	P. M.						
6-10-11	129	99 <sup>2</sup>		108	22	No. 1	Extra	Recommend for dish to Auxiliary Nurse Jones	Jones
6-12-11	129½		100 <sup>5</sup>	110	22	No. 117		Cough less troublesome	Jones
6-15-11	130		100	96	20			feels stronger	
								Recommend for Otis- ville Sanatorium	Jones
9-21-11	148		98 <sup>4</sup>	78	18			Much improved. Advised to seek out- door employment. To return monthly for obs. Ref. for aid to Aux- iliary	Jones

68 L-1910

DEPARTMENT OF HEALTH — CITY OF NEW YORK — TUBERCULOSIS CLINIC — LATER VISITS

2654, '10, 20,000 (M)

CARD FOR RECORDING SUBSEQUENT VISITS TO CLINIC.

(Reduced—Actual size 5 by 8 inches.)

NAME  
*John Doe*

DATE  
Jun. 8, 1911

CASE NO. 2320 YEAR 1911  
BOROUGH Manhattan

AGE 26 Years  
SEX ☒ Male-☐ Female  
MARITAL STATE ☒ Single-☐ Married-☐ Widowed  
ADDRESS: STREET W. 36

NATIONALITY U.S.  
OCCUPATION *Tailor*  
REFERRED BY *Dr. Brown*

THE HOUSE: *Seven*  
Ten-A-P H-H-F R-B H-L H  
GENERAL CONDITION OF BUILDING: ☒ Good-Fair-Bad

NUMBER OF STORIES ☒ 1  
O-B-1 2-3-4-5-6-7  
CLEANLINESS: ☒ Good-Fair-Bad

NUMBER OF FAMILIES 24  
MATERIAL: ☒ Brick-Frame  
F B-N. S. E. W.

THE HOME: *6*  
Number of Rooms  
CLEANLINESS: ☒ Good-Fair-Bad

LIGHT 5  
DARK 0  
SINK IN ROOMS: *Kitchen*  
Yes-No

TOTAL AIR SPACE 6000  
Cubic Feet  
DISTANCE TO PARK 4  
Blocks

RECOMMEND:  
Good-Fair-Bad

ARTIFICIAL HEAT: ☒ Yes-No

BUILT Before ~~1901~~ 1901

THE FAMILY: 4  
Total Number  
FAMILY CLEANLINESS: *Very neat*  
Neat-Cleanless-Dirty

HOW LONG IN APARTMENT? 2 years

WHO CARES FOR PATIENT? *Wife*  
FORM AGE

PREVIOUS ADDRESS 362 W. 29 St

CHURCH *Protestant*  
Name *St. Matthew*

RECOMMEND:  
ECONOMIC CONDITIONS: *Poor* RENT \$14.00 INSURANCE \$30  
Month Week

NUMBER TO BE SUPPORTED 4

INCOME PER WEEK					AID						
Patent	Husband	Wife	Father	Mother	Others	Sick Benefit	Charitable Society	Church	Employer	Relatives	Total Income
<i>none</i>		\$3.00									\$3.00

RECOMMEND:  
*Aug. for extra diet*

VISITED BY *Jane Adams*  
DEPT. OF HEALTH-CITY OF NEW YORK-TUBERCULOSIS

NURSE OVER  
21-419, '11, 50,000 (p)

NURSE'S CARD FOR REPORTING HOME CONDITIONS.  
(Reduced—Actual size 5 by 8 inches.)



THE PATIENT:—ILLNESS BEGAN <b>Jan. 1911</b>		HOW CONTRACTED? <b>Influenza</b>		TREATED BY <b>H. D. West</b>	
CHARACTER: <b>Good</b>	CAREFUL <input checked="" type="checkbox"/>	ILLITERATE <input checked="" type="checkbox"/>	TEMPERATE <input checked="" type="checkbox"/>	CLEAN <input checked="" type="checkbox"/>	
SEPARATE ROOM <input checked="" type="checkbox"/>	SEPARATE ROOM <input checked="" type="checkbox"/>	INTELLIGENT <input checked="" type="checkbox"/>	HOURS IN BED <b>9</b>	HOURS OUT OF BEDS <b>4</b>	BATHS <b>3-4 times daily</b>
EXPECTORATION <input checked="" type="checkbox"/>	NOCC—Scanty—Copious	RECEIVED INTO <b>Flask</b>	DISPOSAL <b>Toilet</b>	OTHER PRECAUTIONS OBSERVED <input checked="" type="checkbox"/>	YUS—NO
WHAT? <b>MILK</b>	<b>None</b>	QUARTS DAILY <b>None</b>	EGGS <b>None</b>	WILL ATTEND <b>H. D. West</b>	CLINIC <b>YUS—NO</b>
CONDITION <b>Good—Fair—Bad—Bed</b>	<input checked="" type="checkbox"/>	LESION <b>Diffuse Infl. v. upper lobes with softening at apex</b>			
RECOMMEND <b>Out door work</b>					

DATE	TEMP. A.M. P.M.	PULSE	RESP.	SUBSEQUENT VISITS	
9-22-11	99	84	20	Patient feels much better, & is looking for out-door work	

REVERSE SIDE OF NURSE'S CARD FOR REPORTING HOME CONDITIONS.  
(Reduced—Actual size 5 by 8 inches.)

# ASSOCIATION OF TUBERCULOSIS CLINICS OF THE CITY OF NEW YORK

## REPORT OF THE

St Luke's

Clinic for the Month of June 1911

	ADULTS	CHILDREN	TOTAL
Patients Receiving Treatment			
Under Observation 1st of Month	180	41	221
New Cases	19	3	22
Old Cases Re-Admitted	4	0	4
Total	203	44	247
Patients Discharged	17	2	19
* Patients Remaining Under Observation Last Day of Month	186	42	228
Visits of Patients to Clinic During Month	149	34	183
	PRIMARY	SECONDARY	CO-OPERATIVE
Nurses' Visits	26	173	47
Patients Receiving Extra Diet			3
Patients Referred by Non-Association Hospitals and Dispensaries			0

\*Of these 66 cases are suspicious and have not been reported to the Department of Health.

### Patients Discharged

CONDITION ON DISCHARGE: (Patients under treatment 1 month or more)

Apparently Cured 0 Arrested 1 Improved 6 Progressive 3  
Died 0 Not Tuberculous 1 Undiagnosed 0 Total 11

STAGE OF DISEASE AT TIME OF ADMISSION: (Patients under treatment 1 month or more)

Incipient 5 Moderately Advanced 4 Far Advanced 1 Doubtful 0  
Not Tuberculous 1 Total 11

### DURATION OF TREATMENT

2-29 Days 5 1 to 3 Mo. 5 3 to 6 Mo. 4 6 Mo. to 1 Yr. 2 1 to 2 Yrs. 0  
2 to 3 Yrs. 0 3 Yrs. and over 0 Came Once 3 Total 19

### REASONS FOR DISCHARGE

Unwilling 0 Too Feeble 0 Moved 0 Not Tuberculous 1  
Working 0 Not Found 1 In Hospital 6 In Sanatoria 4  
Transferred 3 Left City 2 Attending Non-Association Dispensary 0  
In Other Care 1 Apparently Cured 0 Arrested 1 Died 0 Total 19

Respectfully submitted,

Edith Granger Nurse

MONTHLY REPORT OF CLINIC TO ASSOCIATION.  
(Reduced—Actual size 8½ by 11 inches.)

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Association of tuberculosis clinics

